Ravinion: "SPA-PM-85-14 (BRRC)

ATTACHMENT 4.18-C Fest 1 ONB BO.: 0938-0193

SECURIII ACI		.ces:	Amount and Basis for Determination				Effective Date 10/1/
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT	Vermont	are imposed on the medically needy for services:	Type of Charge Deduct. Coins. Copay.				Approval Date 3 21/46
STATE PLAN	State:	A. The following charges are imposed on	Service	See Attachment 4.18-A, Page 1			TN No. 85-22 Supersedes

Date 10/1/85

HCFA ID: 0053C/006JE

TN No. 85-22 Supersedes TN No. 84-6

Revision: HCFA-PM-85-14 (BEROFFICIAL SEPTEMBER 1985

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: Vermont					
В.	The method used to collect cost sharing charges for medically needy individuals:					
	\sqrt{X} Providers are responsible for collecting the cost sharing charg from individuals.	es				
	The agency reimburses providers the full Medicaid rate for serv and collects the cost sharing charges from individuals.	ice				
c.	The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:					

See Attachment 4.18-A, Page 2

TN No. 85-22
Supersedes
TN No. NONE

Approval Date

Effective Date 10/1/85

HCFA ID: 0053C/0061E

Revision: HCFA-PM-85-14 (BERC) SEPTEMBER 1985

OFFICIAL

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Vermont	

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

See Attachment 4.18-A, Page 3

- E. Cumulative maximums on charges:
 - 8tate policy does not provide for cumulative maximums.
 - Cumulative maximums have been established as described below:

TN No. 85-22 Supersedes TN No. NONE

Approval Date

Effective Date 10/1/85

HCFA ID: 0053C/0061E

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